

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/334,414**  
APPLICANT(S)

FILING DATE  
**06-16-99**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		3			54						
5		3		3			55						
6	1		1				56						
7		1		1			57						
8		1		1			58						
9		3		3			59						
10		3		3			60						
11	1	1	1				61						
12		1		1			62						
13			1				63						
14				1			64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19			1				69						
20			1				70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26			1	<del>3</del>			76						
27				2			77						
28				2			78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		7				TOTAL IND.						
TOTAL DEP.	17		35				TOTAL DEP.						
TOTAL CLAIMS	20		42				TOTAL CLAIMS						